

Registration Form for Les Petits Ballets' Recreational Programs

Participant's Last Name	ame Participant's First Name				
Street Address	City	Postal Code			
Home PhoneW	ork Phone	Date of Bir	th YM_	D	
Contact's Last Name	Contact's First Name				
Contact Email Address:					
Medical Concerns					
ProgramLoca	tion	Day of Week	Time of Day_		
Make cheques payable to Les Petits Ballets . There is Please date cheques: First Session - September 16, 20 Register by Mail: Les Petits Ballets, Nepean Creative Register in Person: Nepean Creative Arts Centre, 3	17 Second Session Arts Centre, Unit 11-35, S	on - January 8, 2018.			
Refunds: Full refund before class starts, less a \$10 admini fee. Refund request forms are available on Les Petits Ballets w No refunds after 3 rd week of classes. Dress: girls: black leotat tights, & ballet shoes / boys: white t-shirt, black tights & ballet	ebsite. Class Fee (1	from Listings)	\$	_	
Please read and sign the following statements undersigned, do hereby release Les Petits Ballets and their re officers, employees, or agents thereof, from all claims of loss, damage to persons and property while participating in or travand from the above activity, which I, or any person claiming me or on my behalf, may at any time have arising out of or	spective Second Sess injury or elling to		<u>\$</u>		
Participant's Signature		Date			
Parent/Guardian Signature (if participant is	under 16 years old)				
Personal information contained on this form is collect Les Petits Ballets and Ottawa Community Services promotional purposes.		•			
Note Les Petits Ballets does not send confirmations. You wil	l be contacted only if the clas	ss is not running.			
Where did you hear about us:					
Newspaper Arts Course Guid	de Website	Friend	Other		